

APPLICANT/ PARTICIPANT'S NAME _____

Date completed or reviewed (circle one) _____

Month

Day

Year

Use COP Cost-Share Worksheet # 2 for a Married COP Participant Living AT-HOME when the AT-HOME Participant's Spouse is also on COP and lives in a Substitute Care Facility

Procedure: Do the COP Cost Share Worksheets in this order:

After financial eligibility for COP has been established,

First, complete Worksheet 3 Parts A - C to determine cost share amount for COP participant in facility

Second, complete this Worksheet to determine cost share for COP participant at home.

1. Copy ½ of the amount of countable assets from line 4 of Form COP-M/2 or ½ of the amount from line 2 of Form COP-M/2 (YR 1+), whichever form was used to determine Eligibility.	1.
2. Subtract an additional \$3,000 allowance from line 3. If the result is zero or a negative number, enter zero.	2. -3,000 =
3. Multiply line 2 by 0.1666 to determine the portion of assets to be added to income each month for six months.	3.
4. Enter AT-HOME-SPOUSE's countable income from line 12 of Form COP-M/2 or line 10 of Form COP-M/2 (YR 1+), whichever form was used to determine eligibility.	4.
5. Enter the portion of the amount from Worksheet 3, line 11 that is actually received by the AT-HOME COP recipient.	5.
6. Enter the portion of the amount in Worksheet 3, Line L that is RECEIVED BY Persons in the home of the AT-HOME COP recipient.	6.
7. Enter income of dependents of the AT-HOME COP recipient who live with the Recipient, but are not dependents of the COP recipient in the facility.	7.
8. Find the TOTAL of lines 3 through 7.	8.

Subtractions and Cost Share Amount.

9. Enter the AT-HOME SPOUSE's share of the amount of average monthly medically related expenses from line 14 of Form COP-M/2 or line 12 of Form COP M/2 (YR 1+), whichever form was used to determine eligibility.	9.
10. Budget allowance for AT-HOME SPOUSE. Enter \$759	10. \$759
11. Enter allowance for other dependents who live with the AT-HOME SPOUSE, Count children and other dependents of both the COP participant in the facility and the AT-HOME SPOUSE. The number of dependents is _____ x \$520	11.
12. Enter court ordered amounts payable by persons in the home.	12.
13. Enter other cost share amounts paid by family members in the home	13.
14. Find the total of lines 9 through 13.	14.
15. Subtract line 14 from line 8 to find monthly resources available for cost sharing allowed by the State.	15.
16. Enter the individual's special NON-medical expenses specified in the county's cost-sharing plan from Form COP-DIA, Part IV (#4). Medically related expenses entered on line 9 should not be reentered here.	16.
17. Subtract line 16 from line 15. Use this amount as the Maximum Monthly Participant Contribution.	17.

REDETERMINE line 17 at least once a year. If lines 3 and 17 are BOTH more than zero, redetermine in six months.